Hospital Preparedness Checklist – http://pandemicflu.gov

Preparedness Subject	Actions Needed
Structure for planning and decision making	
 An internal, multidisciplinary planning committee for influenza preparedness has been created. 	n
A person has been designated as the influenza preparedness coordinator. (Insert name)	
Mambaga of the planning committee include the following hospital staff mambaga	
 Members of the planning committee include the following hospital staff members (insert names) 	
Administration	
I agal saymed	
o Infection control	
Hospital disaster coordinator	
o Risk management	
o Facility engineering	
Nursing administration	
Medical staff	
o Intensive care	
 Emergency Department 	
 Laboratory services 	
 Respiratory therapy 	
o Psychiatry	
o Environmental services	
o Public relations	
o Security	
o Materials management	
Staff development	
Occupational health	
O Diagnostic imaging	
o Pharmacy	
Information technologyOther members	
o Other members	
• A state or local health department person has been identified as a committee liaison. (Insert name)	
A linkage with local or regional emergency preparedness groups has been established (Planning organization)	_
2. Development of a written pandemic influenza plan	
 A written plan has been completed or is in progress that includes the elements listed in #3 below. 	n
• The plan specifies the circumstances under which the plan will be activated.	
The plan describes the organization structure that will be used to operationalize the plan.	

•	Responsibilities of key personnel related to executing the plan have been described.	
•	A simulation exercise has been developed to test the effectiveness of the plan.	
•	A simulation exercise has been performed. (Date performed)	
B. Elem	nents of an influenza pandemic plan	
•	 A surveillance plan has been developed. Syndromic surveillance has been established in the emergency room. Criteria for distinguishing pandemic influenza is part of the syndromic surveillance plan. Responsibility has been assigned for reviewing global, national, regional, and local influenza activity trends and informing the pandemic influenza coordinator of evidence of an emerging problem. (Name 	
	established. O A system has been created for internal review of pandemic influenza activity in patients presenting to the emergency department. O A system for monitoring for nosocomial transmission of pandemic has been implemented and tested by monitoring for non-pandemic influenza.	
•	A communication plan has been developed. Responsibility for external communication has been assigned. Person responsible for updating public health reporting Clinical spokesperson for the facility Media spokesperson for the facility Key points of contact outside the facility have been identified. State health department contact Local health department contact Newspaper contact(s) Radio contact(s) Public official(s) A list of other healthcare facilities with whom it will be necessary to maintain communication has been established. A meeting with local healthcare facilities has been held to discuss a communication strategy. A plan for updating key facility personnel on a daily basis has been established. The person(s) responsible for providing these updates are:	
	 A system to track pandemic influenza admissions and discharges has been developed and tested by monitoring non-pandemic influenza admissions and discharges in the community. 	

	0	A strategy for regularly updating clinical, ED, and outpatient staff on the status	
		of pandemic influenza, once detected, has been established. (Responsible	
		person)	
	0	A plan for informing patients and visitors about the level of pandemic influenza	
		activity has been established.	
•	An edu	cation and training plan on pandemic influenza has been developed.	
	0	Language and reading level-appropriate materials for educating all personnel	
		about pandemic influenza and the facility's pandemic influenza plan, have been	
		identified.	
	0	Current and potential sites for long-distance and local education of clinicians	
		on pandemic influenza have been identified.	
	0	Means for accessing state and federal web-based influenza training programs	
		have been identified.	
	0	A system for tracking which personnel have completed pandemic influenza	
		training is in place.	
	0	A plan is in place for rapidly training non-facility staff brought in to provide	
		patient care when the hospital reaches surge capacity.	
•	The fol	lowing groups of healthcare personnel have received training on the facility's	
	influen	za plan:	
	0	Attending physicians	
	0	House staff	
	0	Nursing staff	
	0	Laboratory staff	
	0	Emergency Department personnel	
	0	Outpatient personnel	
	0	Environmental Services personnel	
	0	Engineering and maintenance personnel	
	0	Security personnel	
	0	Nutrition personnel	
•	A triag	ge and admission plan has been developed.	
	0	A specific location has been identified for triage of patients with possible	
		pandemic influenza.	
	0	The plan includes use of signage to direct and instruct patients with possible	
		pandemic influenza on the triage process.	
	0	Patients with possible pandemic influenza will be physically separated from	
		other patients seeking medical attention.	
	0	A system for phone triage of patients for purposes of prioritizing patients who	
		require a medical evaluation has been developed.	
	0	Criteria for determining which patients need a medical evaluation are in place.	
	0	A method for tracking the admission and discharge of patients with pandemic	
		influenza has been developed.	
	0	The tracking method has been tested with non-pandemic influenza patients.	
•		ity access plan has been developed.	
	0	Criteria and protocols for closing the facility to new admissions are in place.	
	0	Criteria and protocols for limiting visitors have been established.	
	0	Hospital Security has had input into procedures for enforcing facility access	
		controls.	
	A		
•		upational health plan has been developed. A system for rapidly delivering vaccine or antiviral prophylaxis to healthcare	
	0	A system for rapidly delivering vaccine or antiviral prophylaxis to healthcare personnel has been developed.	
		personner has been developed.	

- The system has been tested during a non-pandemic influenza season. A method for prioritizing healthcare personnel for receipt of vaccine or antiviral prophylaxis based on level of patient contact and personal risk for influenza complications has been established. A system for detecting symptomatic personnel before they report for duty has been developed. This system has been tested during a non-pandemic influenza period. A policy for managing healthcare personnel with symptoms of or documented pandemic influenza has been established. The policy considers: When personnel may return to work after having pandemic influenza o When personnel who are symptomatic but well enough to work, will be permitted to continue working o A method for furloughing or altering the work locations of personnel who are at high risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) has been developed. o Mental health and faith-based resources who will provide counseling to personnel during a pandemic have been identified. o A strategy for housing healthcare personnel who may be needed on-site for prolonged periods of time is in place. A strategy for accommodating and supporting personnel who have child or elder care responsibilities has been developed. A vaccine and antiviral use plan has been developed. o A contact for obtaining influenza vaccine has been identified. o A contact for obtaining antiviral prophylaxis has been identified. o A priority list (based on HHS guidance for use of vaccines and antivirals in a pandemic when in short supply) and estimated number of patients and healthcare personnel who would be targeted for influenza vaccination or antiviral prophylaxis has been developed. Number of first priority personnel Number of second priority personnel Number of remaining personnel Number of first priority patients Number of second priority patients o A system for rapidly distributing vaccine and antivirals to patients has been developed. Issues related to surge capacity have been addressed. o A plan is in place to address unmet staffing needs in the hospital. The minimum number and categories of personnel needed to care for a group of patients with pandemic influenza has been determined. Responsibility for assessing day-to-day clinical staffing needs during an influenza pandemic has been assigned.

Persons responsible are: (names and/or titles)

- o Legal counsel has reviewed emergency laws for using healthcare personnel with out-of-state licenses.
- o Legal counsel has made sure that any insurance and other liability concerns have been resolved.
- o Criteria for declaring a "staffing crisis" that would enable the use of emergency

0	staffing alternatives have been defined. The plan includes linking to local and regional planning and response groups to collaborate on addressing widespread healthcare staffing shortages during a crisis.	
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	Understanding/Agreement (MOU/As) have been signed with other facilities that have agreed to share their staff, as needed.	
Strateg	gies to increase bed capacity have been identified	
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0	MOAs have been signed with facilities that would accept non-influenza patients in order to free-up bed space	
0	Areas of the facility that could be utilized for expanded bed space have been identified	
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0	Plans for expanded bed capacity have been discussed with local and regional planning groups	
Anticip	ipated durable and consumable resource needs have been determined	
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0	Plans for obtaining limited resources have been discussed with local and regional planning and response groups.	
A strate	ntegy for handling increased numbers of deceased persons has been developed.	
0	Plans for expanding morgue capacity have been discussed with local and regional planning groups.	
0		
0	shrouds.	
0	Supply sources for postmortem materials have been identified.	